CALUIN

USER CHARGE SELF MONITORING REPORT

MAR 1.8 2009

NAME: AMNEAL PHARMACEUTICALS CORPORATION
ADDRESS. 209 MC LEAN BLVD., PATERSON, NO 01304
FACILITY LOCATION: 209 MC LEAN BLVD. PATERSON, NO 07504
NEW CUSTOMER ID / OUTLET ID: OLD OUTLET DESIGNATION:
THE PROGRAD THE PEDIOD

MONITORIN	NG PERIOD	VOL DISCHARGED THIS PERIOD
START	END	74,800 GALS
02 01 09	02 28 09/	CU FT X 7.48 = GALLONS
MO DAY YR	MO DAY YR	EFFLUENT METER READING LAST
		DAY THIS PERIOD

DATE	BOD	TSS		DATE	BOD	TSS
2-10-09	380mg/LV					
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT	TYPE NAME AND TITLE	TELEPHONE NUMBER
Seven Roxaz for	JITEN PARIKH	973 357-0222
	VICE PRESIDENT	
		DATE 3-17-09

PVSC FORM MR-2 REV.3 6/93

CALI

NJDEP Certified Laboratory No. 14964 973-335-CALI

FAX 973-335-0556

E-MAIL: calilabs@earthlink.net WEBSITE: www.calilabs.com

1259 Route 46, Building #4/C Parsippany, NJ 07054-4909

COMPLETE ANALYSIS LABORATORIES INC.

Ms. Sonal Thakar Amneal Pharmaceutical Corp. 209 McLean Blvd. Paterson, NJ 07054

ANALYSIS REPORT

REPORT	DATE:	FEB.24,20	009
	_		

LAB ID NO: 914002.1

PROJECT NO: 914002

propertional paperties.

FIELD ID NO: AP-0210

Sample: Liquid, Sampled by CALI on 2/10/09

Parameter	Method No	Result	Analysis	RLs	DF
		(mg/L)	Date Time	(mg/L)	
BOD ₅	405.1	380	2/12/09 7:39	2.0	1
TSS	160.2	62.4	2/17/09 8:00	4.0	1
·		· .			

Definitions:

pH Unit, J= Compound Detected but Below MDL, RLs= Laboratory Reporting Limits, MDL= Method Detection Limit, DF= Dilution Factor, ND = Not Detected, RL = MDL x DF

Approved By:

Zvi Blank, Ph.D., CHMM

Laboratory Director

The Standard of Excellence in Laboratory Service



METHOD USED

TOTAL WATER USED

7,755.0 (2/28/09) - 7,655.0 (2/1/09) = 100 CF1 X 7.48 X 100 = 74,800/20 DAYS = 3,740 Total Flow - Gal/Day.

SANITARY USED

1,857.0 (2/28/09) - 1,806.0 (2/1/09) = 51 X 7.48 X 100 = 38,148/20 DAYS = 1,907 Flow - Gal/Day.

REGULATORY/TOTAL = 1,833/3,740 = 0.5

SITE PLAN: NO CHANGE



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CHAIN OF CUSTODY

COMPLETE ANALYSIS LABORATORIES, INC.

PAGE - OF -(Lab use only) No. 914002

FULL

1259 ROUTE 46 BLDG. #4 PARSIPPANY, NJ 07054-4909

DELIVERABLES: (CIRCLE ONE)

REDUCED OTHER (Specify)

PHONE: (973)335-CALI FAX: (973)335- 0556 NJDEP LAB CERTIFICATION # 14964

CLIENT	AMNEAL PHARMACEUTICAL					
ADDRESS	209 MCLEAN BLV	/D.		·		
CITY	PATERSON					
STATE	NJ	ZIP	07054			

CONTACT	Ms. Thakar	PHONE	(973357-O222
PROJECT		WASTEW	ATER
SAMPLER	name_J_B4	Mbae/	sigh Suntrey
WITNESSED BY	name S	nen;	Ropar 2 rofoe

LAB ID	FIELD ID	SAMPLING DATE/TIME	M	Т	No	Р	ANALYSIS		
Octuber 1	AP- 0210	2101092/10/0/5:04	A	С	1	С	BOD,TSS		
914002,	AP- 6210	21 w/08 \$1000 15:05	Α	С	1	Hn,C	Cu, Zn, Pb		
914002.1	AP- 02106		Α	G	2	H,C	VOC*		
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ARKS	* VOC TO INCLUDES	ACETONE, METHYLENE CHLORIDE	MPLE W	IAS CO	LLECTE	DON &	(10/03 ¢ 15:04		
	SAMPLING FREQUENCY – 30 MINUTES.								

								· · · · · · · · · · · · · · · · · · ·	
RELINQUISH	HED BY	RECEIVED BY			DATE	TIME	METHOD OF RELINQUISH.	RECEIVING ORGANIZATION	
NAME	_SIGN/	ATURE	NAME	SIGNATU	RE			Mule - n	
J. Bullbray	i S	mbren	ABR.	€		2/10/09	150		CHAS
1		0				/ /		0 0	
					· 				
TURNAROUN	ID TIME:				PRIO	RITY AU	THORIZ	ZATION:	
M = MATRIX A - AQUEOUS P - POTABLE WATE SL-SLUDGE SO - SOLID			WATEF	₹		S - SOIL (- OTHER	O - OIL		
T= TYPE	= TYPE C - COMP		IPOSITE G - GRAB				No. =	NUMBER OF CO	NTAINERS
P = PRESER	VATIVE	H ₂ - H ₂ SO	4 Hn-HNO ₃	Hn-HNO ₃ H-HCI N-			A -ASC	CORBIC ACID	C - COOL TO 4 °C
000 00 040 DEL	1.4/0.6								



March 17, 2009

Mr. Andy Caltagirone Manager of Industrial & Pollution Control Passaic Valley Sewerage Commissioners 600 Wilson Ave. Newark, NJ 07105

Dear Mr. Caltagirone:

Enclosed are MR-2 and MR-1 periodic compliance monitoring reports, which are due on 3/21/09 and 4/4/09, respectively.

Thank you.

Sincerely yours,

209 MCLEAN BLVD. • PATERSON, NJ • 07504 PHONE: 973-357-0222 • FAX: 973-357-0230 WWW.AMNEAL.COM